



## Syphilis Lost-to-Follow-up Report Form

To be completed on ALL syphilis cases and contacts deemed lost to follow-up

**When to complete this form:** A healthcare professional can remove a syphilis case/contact from the public health follow up list after 12 months (from diagnosis or last exposure) and the lost to follow-up has been reported to the OCPHO using this form.

### SECTION 1 - CLIENT INFORMATION

Client is a: CASE: <input type="checkbox"/>		CONTACT: <input type="checkbox"/>	Date client identified as case or contact:
Affix patient label	Last Name:		First Name:
	Date of Birth (dd-mmm-yyyy):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
	HCN (including OOT HCN):		No HCN available <input type="checkbox"/>
	Home Community:		Province/Territory:
	Current Contact Information:		

### SECTION 2 – LOST TO FOLLOW-UP INFORMATION

Week 1			
Date and time of call/text #1:	Response from client received:	Yes <input type="checkbox"/> No <input type="checkbox"/> Declined follow-up <input type="checkbox"/>	
	Appointment booked?	Yes <input type="checkbox"/> When:	No <input type="checkbox"/>
Date and time of call/text #2:	Response from client received:	Yes <input type="checkbox"/> No <input type="checkbox"/> Declined follow-up <input type="checkbox"/>	
	Appointment booked?	Yes <input type="checkbox"/> When:	No <input type="checkbox"/>
Date and time of call/text #3:	Response from client received:	Yes <input type="checkbox"/> No <input type="checkbox"/> Declined follow-up <input type="checkbox"/>	
	Appointment booked?	Yes <input type="checkbox"/> When:	No <input type="checkbox"/>
Alert added to EMR? Yes <input type="checkbox"/> No <input type="checkbox"/> , why not?			
Week 2			
Date notification letter sent (if address known):			
Date and time of home visit if safe, confidential and feasible:			
Week 3 – 12 Months			
Document additional contact attempts per your professional judgement*			
Date of additional attempt #1:		Date of additional attempt #3:	
Date of additional attempt #2:		Date of additional attempt #4:	
12 Month Lost-to-Follow-up Report			
Date client deemed lost to follow-up:		Date reported to OCPHO:	
HCP name:		HCP signature:	
Comments:			

\*If more room required attach an additional page with HCN number at the top.

Please send completed forms to the Office of the Chief Public Health Officer  
 Secure File Transfer: [CDCU@gov.nt.ca](mailto:CDCU@gov.nt.ca)  
 Fax: (867) 873-0442